

Conflict of Interest CANDIDATE

Statement of Financial Interest

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S.D. SEC. OF STATE

Deadline to file: Within 15 days after filing nominating petitions (Supreme Court Justice files within 15 days of notifying Secretary of State of his intention to place his name on the retention ballot) or certification of convention nomination.

File with: The SECRETARY OF STATE except local candidates file with the office where they file their nominating petition.

<u>Candidates who file:</u> State and Federal Office candidates (United States Senate, United States House of Representatives, Governor, State Legislator, circuit court judge and Supreme Court Justice <u>SDCL 12-25-28</u>);

Convention Nominee candidates (Lieutenant Governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands <u>SDCL 12-25-29</u>);

Convention Nominee candidates of a party with alternative political status (US Senate, US House, Governor, Lieutenant Governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands or state legislator SDCL 12-25-29.1); and

Local Office candidates (county commissioner, school board member in a school district with a total enrollment of more than 2,000 students, or commissioner, council member, or mayor in any 1st class municipality <u>SDCL 12-25-30</u>)

Name of Candidate or	Name the Source of Funds	Relationship to funds
*The intent of this form is to co	ollect specific information, not generalities. D	o not put N/A or leave the grid blank.
	ne from each enterprise but do not include the	to the second se
	se, minor children living at home) gross inco	me in the preceding calendar year. This also trols more than 10% of the capital or stock.
1000		utes more than 10% of or more than \$2,000
What is your occupation/profe	ession? Accountant	
Office Sought (list District nu	mber if applicable) District 6	House of Representatives
COMPLETE Address <u>620</u>	Donald Benjamin Blo ON Poplar Ave Tea	50 57064
Full Name Nathan	Donald Benjamin Blo	ck

Name of Candidate or Family Member	Name the Source of Funds (Ex: current employer, SD Legislature, 401K, benefits, etc.)	Relationship to funds (Ex: employee, officer, director, associate, partner, shareholder, owner, member, proprietor, etc.)
Nathan Block	current employer	employee
Nathan Block	Rental Income	Owner

I declare and affirm under the penalties of perjury that the information above has been examined by me and to the best of my knowledge and belief is a true, correct and complete representation of myself and my immediate family's financial interests for the preceding calendar year.

(Signature)

(Date)